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ABSTRACT

A descriptive study using survey research techniques investigated the degree to which health education professors adhere to and practice the principles of adult education. The instrument used to measure acceptance of the adult education mode (collaborative style) was the Principles of Adult Learning Scale (PALS), a 44-item summative scale based on principles in the adult education literature. Responses were solicited from 400 practicing health education professors teaching college-level health education courses, with a 50 percent rate of return. The sample was predominantly male and the typical respondent held a doctoral degree and the rank of associate or full professor. Analysis of the data found significant differences in the acceptance and practice of the collaborative technique by health education professors. Though health education professors advocate learning as a lifelong goal, a gap exists in their knowledge base in relation to the adult as a learner and adult education principles. Significant differences were also found among health professors in regard to espoused philosophy; some regarded adult students as passive recipients of prescribed information, contrary to the collaborative mode and adult education in general. Finally, the study suggests that training is needed to move health education professors from lecturing and other limited instructional modes into a more learner-centered involvement with students. (KC)

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THE COLLABORATIVE TEACHING-LEARNING MODE:
HEALTH EDUCATION PROFESSORS AND
ADULT LEARNING PRINCIPLES

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Abstract

This descriptive study utilizing survey research techniques investigated the degree to which health education professors adhere to and practice the principles of adult education. Significant differences were detected in the acceptance and practice of the collaborative technique by health education professors.

Introduction

Throughout the health education literature, the overall theme is one of advocating a positive, lifelong, individual, and behavioral change. What has not been evident is the learning principles to be utilized when working with the adult population in order to accomplish such change. Absent in the literature was evidence of acceptance that a different body of learners exists--thus, it seemed that the adult is somewhat a forgotten void in the health education quest (Deming, 1986). Though the expanding health education literature targets the adult as a learner, no mention was made as to how the adult learner can be better served within the learning context. Thus, a gap exists between theory

and practice of health education for the adult learner. This study served as the first step in the exploration of adult education principles in the health education program arena in order to determine the extent of association found between the two disciplines. Health education is in the forefront of lifelong learning and behavioral change for the adult individual. The health education instructor at the university level has a responsibility to establish herself/himself as an adult education practitioner. Adult education principles are important due to the fact that health education professors are not only teachers of adults; they produce research concerning the adult population and the advancement of lifelong, healthful living, and they produce health educators who will become utilizers of appropriate behaviors in teaching adults. The purpose of this study was to establish how well university health education instructors adhere to adult education principles.

Unlike the findings from most studies, previous research in the principles of adult education integrated into health education is not to be found. This study is seminal in its quest to understand the harmony between health and adult education. Both fields envision lifelong learning as an asset

as well as a necessity of life. Thus, research into how the two fields can best blend will be an enrichment for both.

Statement of the Problem

The problem for this study was founded on the assumption that university health education professors do indeed instruct the adult population. Their interaction with the adult population can be through traditional college classroom instruction or community consultation, as well as in published research pertinent to the field. Thus, the process of adult education as a viable foundation for learning should be apparent in the teaching styles of health education professors.

Methodology

The basic premise of this study was to discover how well health education professors utilized the basic principles of adult education. The instrument used in order to measure acceptance of the adult education mode (collaborative style) was the Principles of Adult Learning Scale (FALS) developed by Gary Conti (1979). FALS is a 44-item summative scale based on principles in the adult education literature. It gives an indication of an instructor's preference for teaching behavior in an

adult education setting. High scores on FALS reflect a learner-centered approach to the teaching learning transaction. Low scores on FALS denote a preference for the teacher-centered approach in which authority resides with the instructor.

Responses were solicited from 400 practicing health education professors, employed in universities and colleges, who taught health education courses at the university level. The subjects were selected randomly from universities throughout the United States. Subjects were selected from the Eta Sigma Gamma National Directory of College and University Health Education Programs and Faculties.

The returned instruments numbered 218 (54.5%) of which 15 were unusable. Thus, the final sample for the analysis consisted of 203 respondents, representing a 50% usable return rate.

The sample was described according to the demographic variables of gender, highest degree held, academic rank, classification level of students being instructed, and major area of study for the student population being instructed. In general, the sample in this study was predominantly male, held a doctoral degree and the rank of associate or full professor.

They taught both graduate and undergraduate students from a variety of disciplines.

Description of the Data

For this study, three null hypotheses were developed (a) to determine if there were dependent relationships among FALS scores for this sample and the normed scores established for FALS and (b) to ascertain if the predictive variables of gender, teaching strategy, and philosophy had any relationship to adherence to adult teaching principles as measured by the total FALS score.

The main hypothesis proposed that no difference would be found between the scores obtained on FALS from health education professors and the normative ($X=146$) scores established for the instrument. In this study, comparison of the total FALS score between health education professors and the normative score produced a significant difference ($Z=3.21; p=1.96$). Health education professors scored significantly lower on the FALS instrument ($X=140.080$) than the norm. The cross sectional sample along with its size ($N=203$) generate a strong assertion that health education professors as a group fall below the norm in terms of collaborative teaching style.

The second hypothesis dealing with espoused health educational philosophy offered enriching information about the educational intentions of health education professors. Categories offered as options were idealist, realist, and pragmatist. Each of these philosophies reflect the basis for a learning theory and the roots of practiced teaching style. Significant differences in the FALS scoring pattern of respondents were detected in relationship to membership in philosophical groups. Those holding a more realist point of view tended to show a more teacher-oriented approach to learning. Those respondents espousing the idealist point of view scored more toward the center of FALS scores, thus demonstrating a moderate approach between teacher-centered and learner-centered views of education. Those scoring high on FALS were those advocating a pragmatic, more humanistic belief of learning. These pragmatic respondents advocated a more learner-centered approach to the learning process; i.e., a more collaborative stance.

The philosophical question, as presented in this study, has not been addressed in previous research using FALS. However, Pearson (1981), in his work

with business and industry found that respondents who advocated a more humanistic (Theory Y) approach to learning tended to score higher on FALS than those trainers advocating a behavioristic (Theory X) approach. A replication of his study was conducted by Franklin (1988) in her research done with a national sample of the American Society of Training and Development. She tested the FALS with this population to find an association between the philosophy of McGregor's Theory Y and Theory X. The findings showed a significant relationship between high scores on FALS and the Theory Y orientation toward the trainees.

The third hypothesis dealt with the concept of teaching strategy. Respondents were offered a choice of twenty different teaching strategies which they might employ during the teaching-learning process. Respondents were asked to choose the one strategy from the list which most accurately described their individual preference. The findings of this study were that the teaching strategy chosen by the health education professor yielded significant differences in the scoring pattern for FALS. Those respondents adopting a more teacher-centered

strategy (lecture and testing) scored lower on the total FALS score. Those respondents reflecting a more collaborative oriented strategy scored closer toward the norm on FALS. No respondents chose the learner-centered strategy of contracting as their favored strategy.

Conclusions

Some conclusions to be drawn from this study provide a foundation for future investigation into the integration of both health education and adult education:

1. Significant differences in the total scores on FALS and those of health education professors were evident. This is an indication of the lack of both understanding and training as well as application for health educators in the field of adult education. The conclusion to be drawn is that though health education professors advocate learning as a lifelong goal, a gap does indeed exist in the knowledge base for health education professors in relation to the adult as a learner and adult education principles. Health education professors are the leaders in terms of research and delivery of new techniques that will enable the advancement of theoretical concepts

dealing with lifelong approaches to healthful living. Viewing the adult as a resource to be respected and valued in terms of lifelong learning involves the utilization of adult education skills.

2. Significant differences were found among health professors in regard to espoused philosophy. Those advocating a realistic view scored lower on the PALS ($X=129.18$) than those with a more pragmatic, humanistic view ($X=146.8$). While the idealist and pragmatist consider the learner as an active, dynamic participant in the learning relationship, the realist considers the learner to be a passive recipient of prescribed information: this is contrary to the collaborative mode and adult education in general. If health education wants to move forward in the information age, that development must include adult education training and understanding of how adults learn and change. The movement toward adult education training might begin in the adaptation of philosophical constructs held by health education professors.

3. Significant differences were found in the PALS scoring patterns of instructors adopting varied teaching strategies.

Those advocating a teaching strategy contrary to the collaborative mode scored lower on their total PALS relationship. Training is needed to move health education professors from lecturing and other limited instructional modes into a more learner-centered involvement with students. Their reflection of philosophy in chosen teaching strategy presents the view that those professors of a more realistic philosophy prefer the lecture, testing, and audio visual approach to learning. While these strategies often are important and useful for special purposes, a greater variety of methods needs to be utilized when instructing the adult learner.

Woven within the tapestry of health education theory, hints and premises of adult education principles can be found. However, the literature is empty of any research aimed at establishing adult education principles as a utility to be understood and practiced. Clark (1980) proposes one reason for the absence of adult education principles in health education: "because the potential for achieving health related objectives--that is, to have an impact on a learner's health knowledge and practice--has been insufficiently documented by adult educators and

insufficiently communicated to health professionals" (p. 63). The seminal nature of this study provides at least one starting point toward documentation.

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